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JC945 U.S. PTO

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PTO/SB/50 (02-01)

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09/09/9662 07/19/01  
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## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents  
Box Reissue  
Washington, DC 20231

Attorney Docket No.	UISD:533USR1
First Named Inventor	Phillip D. Purdy
Original Patent Number	5,925,062
Original Patent Issue Date (Month/Day/Year)	7-20-99
Express Mail Label No.	EL 564338925US

APPLICATION FOR REISSUE OF:  Utility Patent  Design Patent  Plant Patent  
(Check applicable box)

### APPLICATION ELEMENTS (37 CFR 1.173)

1.  Fee Transmittal Form (PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
2.  Applicant claims small entity status. See 37 CFR 1.27.
3.  Specification and Claims in double column copy of patent format (amended, if appropriate)
4.  Drawing(s) (proposed amendments, if appropriate)
5.  Reissue Oath/Declaration (original or copy)  
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6.  Power of Attorney
7. Original U.S. Patent currently assigned?  Yes  No  
(If Yes, check applicable box(es))
  - Written Consent of all Assignees (PTO/SB/53)
  - 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
  - 8.  CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
  - 9. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all of the following are necessary)
    - a.  Computer Readable Form (CFR)
    - b. Specification Sequence Listing on:
      - i  CD-ROM (2 copies) or CD-R (2 copies); or
      - ii  paper
    - c.  Statements verifying identity of above copies

### ACCOMPANYING APPLICATION PARTS

10.  Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
11.  Original U.S. Patent for surrender
  - Ribboned Original Patent Grant
  - Statement of Loss (PTO/SB/55)
12.  Foreign Priority Claim (35 U.S.C. 119) (if applicable)
13.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations
14.  English Translation of Reissue Oath/Declaration (if applicable)
15.  Preliminary Amendment
16.  Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
17. Other: .....  
.....

### 18. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label or  Correspondence address below  
(Insert Customer No. or Attach bar code label here)

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Signature		Date	7/19/01

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REISSUE APPLICATION FEE TRANSMITTAL FORM					Docket Number (Optional)			
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 21	Total Claims (37 CFR 1.16(j))	(B) 41	**** 20 = x \$ ____ =			or x \$18 =	360.00	
(C) 3	Independent claims (37 CFR 1.16(i))	(D) 7	* 4 = x \$ ____ =			80 x \$ ____ =	320.00	
Basic Fee (37 CFR 1.16(h)) \$ _____					\$710.00			
Total Filing Fee \$ _____					OR \$1,390.00			
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* = x \$ ____ =			x \$ ____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	= x \$ ____ =			x \$ ____ =	
Total Additional Fee \$ _____					OR \$ _____			
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>								
<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>50-1212/10017629/MTG</u> A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>1,390.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>								
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>								
 Signature of Applicant, Attorney or Agent of Record <b>Mark T. Garrett; Reg. No. 44,699</b> Typed or printed name								
7/19/01 Date								

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:

Phillip D. Purdy

Serial No.: Unknown

Filed: Unknown

For: INTRAVASCULAR DEVICE

Group Art Unit: Unknown

Examiner: Unknown

Atty. Dkt. No.: UTSD:533USR1/MTG

EXPRESS MAIL MAILING LABEL  
NUMBER EL 564338925 US  
DATE OF DEPOSIT July 19, 2001

**STATEMENT OF STATUS OF CLAIMS PURSUANT TO 37 C.F.R. § 1.173(c)**

Commissioner for Patents  
Washington, D.C. 20231

Sir:

The active claims in this case are claims 1 – 21, as issued in U.S. Patent No. 5,925,062, granted on July 20, 1999. Claims 22-41 are added by virtue of the preliminary amendment filed herewith. Support for the added claims appears throughout the specification of the patent, including the figures, and in the claims originally filed.

Respectfully submitted,



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Attorney for Applicant

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